PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number
10/833795

ARC-16/73-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER T				
TOTAL CLAIMS			12					RATE	FEE	1	RATE	FEE
F)R		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS 11 minu				nus 20=	• (9 ~		XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS					٠ ٩	5		X43=		OR	X86=	-
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	_
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>Σ</u>	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	10.18.04	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	- 26	Minus	 21		= le	1 L	X\$ 9=	·	OR	X\$18=	108
AME	Independent	* 2 ENTATION OF MIL	Minus	*** 3			1 [X43=		OR	X86=	
	FINST PRESC	ENTANCIN OF MIL	JETTP CE DET	CNDENT			, [+145=		OR	+290=	
							L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)			•		ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	440		•] [X43=	,	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM	· 🔲 _	┚┞	+145=		OR	+290=	
		•					L	TOTAL	 -		TOTAL	
	•	(Column 1)		(Colum	n:2\ /	(Column 3)	A	DOIT FEE L		ر, ب	VOOIT. FEEL	-:-
ENTC	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOU PAID FI	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMEN	Total	•	Minus	**		•	ΙГ	X\$ 9=		OR	X\$18=	
~ -	Independent		Minus					X43=			X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		۱ -			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** TOTAL ADDIT. FEE *** ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE *** TOTAL AD											2	
	the "Highest Nurs the "Highest Nurs	nber Previously Pai nber Previously Pai	d For IN THIS d For IN THIS	SPACE is I	ess than less than	20, enter "20." 3. enter "3."	. L AD	TOTAL DIT. FEE		OR A	TOTAL DOIT. FEE	